

# NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 01/22/2007

Department of Education  
Office of Special Education and Rehabilitative Services  
FOR CERTIFYING OFFICIAL: Michell Clark  
FOR CLEARANCE OFFICER: Angela Arrington

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 11/03/2006

ACTION REQUESTED: Reinstatement with change of a previously approved collection  
TYPE OF REVIEW REQUESTED: Regular  
ICR REFERENCE NUMBER: 200611-1820-002  
TITLE: Annual Progress Report & Data Collection Instrument form for Assistive Technology Grantees (SC)  
LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved with change  
OMB CONTROL NUMBER: 1820-0572

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 01/31/2010

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	0	0	0
New	190,456	26,796	0
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	190,456	26,796	0
Change due to Agency Adjustment	0	0	0
Change Due to Potential Violation of the PRA	0	0	0

TERMS OF CLEARANCE: This reinstatement represents a substantial increase in the burden imposed on States to submit performance information for Assistive Technology grants. Although the majority of this burden increase can be attributed to statutory requirements of the reauthorized AT Act, RSA will continue to look for ways to decrease the burden imposed on respondents.

OMB Authorizing Official: John F. Morrall III  
Acting Deputy Administrator,  
Office Of Information And Regulatory Affairs

List of ICs			
IC Title	Form No.	Form Name	CFR Citation
Instruction Manual & Definitions for Annual Report for the State Grant for Assistive Technology Program	N/A	Instructions Manual & Definitions for Annual Report for State Grant for Assistive Technology Program	
Statewide AT Customer Satisfaction Survey	n/a	Statewide AT Customer Satisfaction Survey	
Statewide AT Annual Performance Measurements Report	N/A	State Assessment and Performance Measurement Form	